



# Rural Primary Care Residency Training Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

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06/23/2025

To obtain this information in a different format, call: 651-201-3838.

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Rural Primary Care Residency Training Grant Program
- **Minnesota Department of Health (MDH) Program Website:** [Rural Primary Care Residency Training Grant Program - ORHPC Grants and Funding](#)
- **Application Open:** June 23, 2025
- **Letter of Intent Deadline:** July 30, 2025
- **Application Deadline:** September 5, 2025

### 1.2 Program Description

The Rural Primary Care Residency Training Grant Program, authorized by [Minnesota Statutes Section 144.1507](#), awards grants to eligible programs to plan, implement, and sustain rural primary care residency training programs. Grants support programs with costs such as planning and development, obtaining accreditation, recruiting and training residents and faculty, and improving training sites. The program is designed to increase training opportunities in rural Minnesota, with the goal of strengthening the rural primary care physician workforce.

### 1.3 Funding and Project Dates

#### Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	\$1,500,000 - \$2,000,000
Estimated Number of Awards	2-3
Estimated Award Maximum	Planning and Development: \$250,000 per year Sustaining Program: \$225,000 per resident per year
Estimated Award Minimum	N/A

#### Match Requirement

There is no match requirement.

## Project Dates

RFP Published:	June 23, 2025
Informational Webinar:	July 8, 2025
Letter of Intent due to MDH:	July 30, 2025
Application due to MDH:	September 5, 2025
Grant distribution announcement:	mid-October 2025
Grant agreements begin (estimated):	March 1, 2026

The initial grant period will be one year. Grantees that meet annual requirements will be eligible for an amendment to add funds and extend the time period of their grants, if funds are available. See RFP section 2.2 for more information.

## 1.4 Eligible Applicants

Eligible applicants are programs, sponsors, and potential sponsors of rural primary care residency programs located in Minnesota. Program partners such as clinical training sites are eligible applicants for program sustainability funds (see RFP section 2.2). Eligible programs fulfill all the following criteria:

- Train, or propose to train, medical residents in:
  - A new rural residency training program,
  - A new rural residency training track within an existing residency program, or
  - A community-based ambulatory care center that primarily serves the underserved and is proposing to add a rural residency training program or track.

For the purposes of this grant program, a rural residency training program means a residency program that provides an initial year of training in an accredited residency program in Minnesota. The subsequent years of the residency program are based in rural communities, utilizing local clinics and community hospitals, with specialty rotations in nearby regional medical centers.

“Rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in MN Statutes [section 473.121, subdivision 2](#), excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

For programs in general pediatrics, general surgery, and psychiatry, training after the first year must be based in communities outside the seven-county Twin Cities metropolitan area, with rotations in rural communities.

A community-based ambulatory care center that primarily serves the underserved means a federally qualified health center, a community mental health center, a rural health clinic, a health center operated by the Indian Health Service, an Indian Tribe or Tribal organization, an urban American Indian organization, or an entity receiving funds under Title X of the Public Health Service Act.

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- Train, or propose to train, medical residents in the following primary care specialties:
  - Family medicine,
  - General internal medicine,
  - General pediatrics,
  - General surgery,
  - Geriatrics, or
  - Psychiatry.
- Are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or present a credible plan to obtain accreditation.
- Agree to document the baseline number of residents in the eligible specialty, use grant funds to establish new residency slots or sustain slots established in 2022 or more recently, and verify the number of residents each year to continue to receive funds.
- Agree to seek federal funding, when eligible, for planning and development and for sustaining the program, with an understanding that receipt of federal funding may result in the reduction or conclusion of a state grant award.

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

### Collaboration

Collaboration is highly encouraged; applications will be evaluated on how well they demonstrate strong partnerships with clearly defined roles.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [Health.ORHPC.WorkforceGrants@state.mn.us](mailto:Health.ORHPC.WorkforceGrants@state.mn.us). All answers will be posted within 5 business days on the [ORHPC Grants and Funding webpage](#).

Please submit questions no later than 4:30 p.m. Central Time on August 15, 2025.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

### **RFP Information Meeting**

An informational webinar will be held on July 8, 2025, at 1:00 pm Central Time. [Join the meeting](#). Materials from the meeting, including questions and answers, will be posted on the [Rural Primary Care Residency Training Grant Program - ORHPC Grants and Funding](#) webpage.

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The Rural Primary Care Residency Training Grant program was enacted to address a shortage of rural primary care residency training slots in Minnesota, which is contributing to a shortage of rural primary care physicians. Creating new rural primary care residency slots is expected to strengthen the rural primary care physician workforce and increase health care access for rural communities across Minnesota.

This grant will serve:

- Rural Minnesota communities by training physicians to be rural primary care providers.
- Eligible residency training programs and prospective residents by expanding residency training opportunities.

Grant outcomes will include:

- An increase in the number of residency training opportunities in rural communities.
- Introducing primary care physicians to rural communities while in residency, fostering their interest in and commitment to serving those in rural communities.
- A stronger rural primary care physician workforce.
- Greater access to health care in rural Minnesota communities.

#### Other Competitive Priorities

Please see **Attachment A: Application Evaluation Criteria** for details on how applications will be evaluated and scored.

Programs with a stronger rural focus, with training based in more rural communities, will receive priority for funding.

### 2.2 Eligible Projects

Eligible projects will plan, implement, and sustain rural primary care residency training programs.

A rural residency training program means a residency program that provides an initial year of training in an accredited Minnesota residency program, which may be in a rural or non-rural



area. The subsequent years of the residency program are based in rural communities, utilizing local clinics and community hospitals, with specialty rotations in nearby regional medical centers.

“Rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in MN Statutes [section 473.121, subdivision 2](#), excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

For programs in general pediatrics, general surgery, and psychiatry, training after the first year must be based in communities outside the seven-county Twin Cities metropolitan area, with rotations in rural communities.

Applicants may receive funding for up to two project phases. Applicants will choose one of these two project phases for their initial application:

### **Phase 1: Program Planning and Development**

- A planning and development phase for one to three years to establish a new ACGME-accredited rural primary care residency training program or a new rural residency training track within an existing accredited primary care residency program.
- To receive planning and development funding, applicants and grantees must submit annual proof of application for federal funds to support planning and development, if funds are available and the program is eligible. If the program is not eligible for federal funds, they must submit documentation of ineligibility.
- Programs that receive federal funds to support planning and development must submit a revised budget to MDH reflecting the reduced need for state funding. The MDH grant award may be reduced or concluded based on the federal funding award.
- In year one, grantees must evaluate the financial feasibility of their proposed program in consultation with a graduate medical education (GME) consultant approved by MDH. Grantees must also establish partnerships with rural residency training sites and other external organizations.
- Upon completion of year one of this phase, grantees must submit the following:
  - Attestation of the financial feasibility and viability of the rural residency training program or track, based on the results of the GME consultation. The MDH Office of Rural Health and Primary Care (ORHPC) will review the financial feasibility findings and must deem them acceptable to approve further grant funding.
  - Letters of support from rural residency training sites and all other partners.
- Grantees that meet all requirements and wish to continue planning and development will be eligible for an amendment each year to add funds and extend the time period of their grants for a total of up to three years, if funds are available.
- Up to \$250,000 per year for up to three years, for a maximum of \$750,000.
- Grantees who successfully complete the planning and development phase may have funds added to their grant in following years for program sustainability (phase 2). To demonstrate successful completion of phase 1, grantees must submit the following:
  - Proof of ACGME accreditation.

- Documentation of plans to begin training the first rural resident class no later than the academic year immediately following the end of the grant period.

## **Phase 2: Program Sustainability**

- An ongoing sustainability phase for one to five years to sustain operations of an ACGME-accredited rural residency training program or a rural residency training track within an existing accredited primary care residency program.
- To receive program sustainability grant funds, new applicants or existing grantees must submit:
  - Proof of ACGME accreditation.
  - Proof that the program established its rural residency slots in 2022 or more recently. Documentation that residents are currently being trained or will begin training in the following academic year.
  - Annual verification of the number of residents in the program.
  - Annual proof of application for federal funds to support ongoing program operation, if funds are available and program is eligible. If the program is not eligible for federal funds, they must submit documentation of ineligibility.
  - An annual program budget overview showing expenditures and revenue from all sources.
  - Program evaluation data as required by MDH. This may include, for example, data on program graduates' practice locations and satisfaction with the training they received, particularly how it prepared them for rural practice.
- Programs that receive federal funds to support ongoing program operation must submit a revised budget to MDH reflecting the reduced need for state funding. The MDH grant award may be reduced or concluded based on the federal funding award.
- Grantees that meet all requirements will be eligible for an amendment each year to add funds and extend the time period of their grants, if funds are available.
- Up to \$225,000 per resident per year. Annual funding amounts may vary depending on available funding.
- A grant agreement may be in effect for up to five years. Programs may reapply for funding through the competitive RFP process as their grant agreements come to an end.

## **Eligible Expenses**

Grant funds may be used to cover the costs of:

- Planning related to establishing accredited rural residency training programs.
- Financial consultation services to support the financial feasibility evaluation in year one of a planning and development grant.
- Obtaining accreditation by the Accreditation Council for Graduate Medical Education (ACGME) or another national body that accredits rural residency training programs.
- Establishing new rural residency training programs.
- Recruitment, training, and retention of residents and faculty related to the new rural residency training program.
- Travel and lodging for new residents.

- Faculty, resident, and preceptor compensation related to new rural residency training programs.
- Training site improvements, fees, equipment, and supplies required for new rural residency training programs.
- Supporting clinical education in which trainees are part of a primary care team model.

Indirect expenses are allowed at a grantee's federally negotiated rate or up to 10% of direct costs. See RFP Part 4 for further details.

### **Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Soliciting donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Funding activities supported by other state grants. If an entity holds multiple state grants, they must work with MDH to ensure that costs are tracked and billed to the correct grant.

## **2.3 Grant Management Responsibilities**

### **Grant Agreement**

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Applicants can view a sample grant agreement on the [MDH Grant Resources webpage](#).

### **Accountability and Reporting Requirements**

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit interim written progress reports until all grant funds have been expended and all the terms in the grant agreement have been met.

Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Standard invoice and progress report forms will be provided to grantees. Progress reports will be due 20 days after each fiscal quarter ends:

- January 20
- April 20
- July 20

- October 20

Grantees will be required to provide information to MDH about the residents trained through grant-funded programs.

### **Grant Monitoring**

Minn. Stat. § 16B.97 and Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

In addition to the standard monitoring visits, grantees will meet quarterly with MDH to discuss progress, questions, challenges, and ideas for improving the grant program.

### **Technical Assistance**

MDH is available to provide technical assistance for grantees. MDH will provide forms and templates for invoices and progress reports. It is the grantee's responsibility to meet all obligations in the contract, and to notify MDH and request approval for any changes to these obligations. For assistance, contact the Office of Rural Health and Primary Care at [Health.ORHPC.WorkforceGrants@state.mn.us](mailto:Health.ORHPC.WorkforceGrants@state.mn.us).

### **Grant Payments**

Per State Policy on Grant Payments, reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be quarterly. Reports will be submitted through the Office of Rural Health and Primary Care online grants portal. Reporting forms will be provided to grantees. Invoices will be due 20 days after each quarter per the following schedule:

- January 20
- April 20
- July 20
- October 20

## **2.4 Grant Provisions**

### **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); See e.g. [Minn. Stat. § 363A.02](#)). The MHRA is enforced by the [Minnesota Department of Human Rights](#). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status regarding public assistance, membership or activity in a local commission, disability, sexual orientation, or age regarding any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status regarding public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability regarding any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part [5000.3550](#).

## Audits

Per [Minn. Stat. § 16B.98](#), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required time period to satisfy all state and program retention requirements, whichever is later.

## Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. § 16B.98](#) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

**Applicants must complete the Applicant Conflict of Interest Disclosure form and submit it as part of the completed application.** Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice
- a grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- a grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- an applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

### **Non-Transferability**

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

### **Public Data and Trade Secret Materials**

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37](#), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599](#), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37](#), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. By submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the [Minnesota Government Data Practices Act \(Ch. 13 MN Statutes\)](#) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing content and community specialists. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.

- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

### **Selection Criteria and Weight**

The review committee will review each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring criteria according to which applications will be reviewed and scored are detailed in **Attachment A: Application Evaluation Criteria**.

Programs with a stronger rural focus, with training based in more rural communities, will receive priority for funding.

### **Grantee Past Performance and Due Diligence Review Process**

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy on Pre-Award Risk Assessment for Potential Grantees](#).

### **Notification**

MDH anticipates notifying all applicants via email of funding decisions by mid-October 2025.



## RFP Part 3: Application and Submission Instructions

### LETTER OF INTENT

Applicants **MUST** submit a letter of intent by 4:30 pm Central Time on July 30, 2025. If the letter of intent is not received by the deadline, then any application in response to this RFP will **NOT** be accepted and considered. Submitting a letter of intent does not obligate the sender to submit an application to this RFP.

The letter of intent will be used to assess the eligibility of the proposed project. Within a week after successful submission of a letter of intent, if your project is deemed eligible for this grant funding, you will receive an email from ORHPC alerting you that you have been granted access to the full application.

If the project is deemed ineligible for this grant funding, you will receive an email from ORHPC alerting you that the project is ineligible, and you will not proceed to the full application stage.

*Note that you will not be able to change the information submitted in the LOI when you prepare your full application, with the exception of updating the list of collaborating partners.*

ORHPC requires letter of intent submissions through an [Online Grants Portal](#). See section 3.2 below for information about using the grants portal.

You must complete all required fields in the letter of intent form for your letter of intent to be considered complete. You will receive an automated email confirming submission of your letter of intent. If you do not receive an automated email confirming submission, or encounter any other issues with the online portal, please contact us promptly at [health.orhpc.workforcegrants@state.mn.us](mailto:health.orhpc.workforcegrants@state.mn.us). We encourage you to submit in advance of the deadline to allow time to address any technical issues.

### 3.1 Application Deadline

**All applications must be received by MDH no later than 4:30 p.m. Central Time on September 5, 2025.**

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

**Acknowledgement of application receipt.** The [Online Grants Portal](#) will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application.

If you do not receive an automated email confirming submission or encounter any other issues with the online application submission, please contact us promptly at [health.orhpc.workforcegrants@state.mn.us](mailto:health.orhpc.workforcegrants@state.mn.us). We encourage you to submit in advance of the deadline to allow time to address any technical issues.

## 3.2 Application Submission Instructions

ORHPC requires letter of intent and application submissions to be made through an online [Grants Portal](#). Please reference the ORHPC [Grantee Guide](#) for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the [Grants Portal](#).

If you have any questions, please contact us at [health.orhpc.workforcegrants@state.mn.us](mailto:health.orhpc.workforcegrants@state.mn.us).

## 3.3 Application Instructions

You must complete all required fields in the online application form and submit all required attachments for your application to be considered complete.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

**All costs incurred in responding to this RFP will be borne by the applicant.**

## RFP Part 4: Letter of Intent

### Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification. This information will be used for contracting purposes.

### Section 2. Project Information

#### Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

### Section 3. Organization Background and Capacity

#### Project Type

Indicate the type of grant you intend to seek: 1) Program Planning and Development or 2) Program Sustainability.

#### Residency Program or Track

Indicate whether you intend to seek funds for a rural residency program or a rural track within an existing residency program.

#### Program Specialty

Indicate the eligible specialty: Family Medicine, General Internal Medicine, General Pediatrics, General Surgery, Geriatrics, or Psychiatry.

#### Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program, including the ACGME sponsoring institution and clinical training sites. *Note:* In your full application, you will have the opportunity to update the list of collaborating partners.

#### New Residency Slots

How many new rural residency slots do you propose to develop? How many new rural residency slots have you developed since 2022? Indicate the baseline number of residents in your program prior to developing these new slots.

### **Rural Clinical Training Sites**

Provide information about each rural clinical training site. What type of setting is each site? Indicate which sites are local clinics, community hospitals, and regional medical centers.

Provide the geographic location of each site. Confirm that each site is in an eligible rural community (see RFP section 2.2, including the language specific to programs in general pediatrics, general surgery, and psychiatry).

### **Proportion of Training in Rural Areas**

Indicate where the first year of your residency training takes place: in the seven-county Twin Cities metropolitan area; in a rural community as defined in RFP section 1.4; or in one of the following Greater Minnesota cities: Duluth, Mankato, Moorhead, Rochester, St. Cloud.

Indicate where the subsequent years of your residency training take place: in the seven-county Twin Cities metropolitan area; in a rural community as defined in RFP section 1.4; or in one of the following Greater Minnesota cities: Duluth, Mankato, Moorhead, Rochester, St. Cloud.

Provide additional information for context as necessary.

## RFP Part 5: Application Guidance

### Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification. This information will be used for contracting purposes.

### Section 2. Project Information

#### Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

### Section 3. Organization Background and Capacity

*Note that you will not be able to change the information submitted in the LOI when you prepare your full application, with the exception of updating the list of collaborating partners.*

#### Organization Overview

Provide a brief overview of your organization's history, location, and administrative structure. Describe any unique characteristics or circumstances pertaining to your organization.

#### Organizational Capacity

Describe your organization's capacity to successfully administer a rural residency program. Provide an overview of your existing residency and fellowship training program(s), if any, and other experience with graduate medical education. Include the number and types of faculties, and current and recent trainees. Discuss your plan to develop adequate capacity to train new residents in an ACGME-accredited rural residency program. If applicable, describe your organization's track record of developing rural residency programs.

#### Collaborating Partners

Provide a brief overview of each entity collaborating with your organization on this program and their role in the program, including the ACGME sponsoring institution and clinical training sites.

### Section 4. Project Narrative and Work Plan

#### Program Description

Describe your program or track, highlighting key aspects of the training and any unique characteristics. How will your program incorporate team-based primary care? Describe the

training your program will provide on cultural responsiveness and working with culturally and linguistically diverse patients.

### **Supporting Transition to Rural Practice**

How will your program support residents as they are introduced to and gain skill and confidence practicing medicine in rural areas (for example, by arranging mentoring and community connections)?

### **Recruitment**

Describe how your program will recruit and retain residents, including how you will recruit and retain residents from diverse backgrounds and demographics.

### **Community Engagement**

How will your program engage a range of partners from rural communities to inform the development of your program and the training of your residents?

### **Program Outcomes and Evaluation**

Describe the expected outcomes of your program and how you plan to track, evaluate, and report those results. Please include plans to collect data on program graduates' practice locations and satisfaction with the training they received, particularly how it prepared them for rural practice.

### **Program Sustainability**

Describe your plan for sustaining the new residency slot(s) beyond the grant period. Discuss your eligibility for federal GME funding and your plan to seek federal funding. In the attachments section, attach proof of your eligibility for federal funding and proof of application for federal funds, if applicable.

### **Work Plan**

List key project activities for the next three years. The work plan for years two and three may be somewhat less detailed than the plan for year one. For each activity, indicate the title/position of each person who will be involved, the expected outcomes, and the expected timeline. For Program Planning and Development applicants, your work plan should include the financial feasibility evaluation and steps to obtain ACGME accreditation.

## **Section 5: Budget & Budget Narrative**

- Provide a detailed justification for each of the estimated expenses to successfully meet the goals of the proposed project. Applicants will be asked to provide a budget for the first year and estimated budgets for years two and three. Applicants selected for grant awards will receive funds for one year. Grantees that meet all requirements per RFP Section 2.2 will be

eligible for an amendment each year to add funds and extend the time period of their grants, if funds are available.

## Budget Line Items

Provide the amount of grant funds requested, as well as the amounts and sources of other funding, in the appropriate fields for each budget area.

Budget categories include:

- **Salaries:** Salaries should include the costs of personnel who work directly for the applicant and are paid a salary or wage directly from the applicant organization. This should not include administrative staff included in the indirect rate. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
- **Fringe:** This category includes share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, explain how they were calculated in the Budget Narrative. This is often calculated at a percentage of salary. Example: \$50,000 x 25% fringe = \$12,500.
- **Travel:** This category includes travel and lodging expenses for new residents, faculty, and staff necessary to the direct operation of the program. Allowed and approved travel expenses will be reimbursed in no greater amount than as provided in the current Minnesota Management and Budget [Commissioner's Plan](#) or at the grantee's established rate, whichever is lower, at the time travel occurred.
- **Supplies:** This category includes supplies needed specifically for the grant project.
- **Contracted Services:** This category includes expenses for individuals or organizations the applicant contracts with, such as GME consultants, to complete the project. Planning and development grant applications should include the cost of financial consultation services to support the financial feasibility evaluation in year one.
- **Equipment:** Include equipment necessary for training rural primary care residents. Equipment has a value of \$10,000 or more. Items below \$10,000 are considered supplies.
- **Other expenses:** Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in this general category, include a detailed description of the activities as they relate to the direct operation of the program. This category may include costs to obtain accreditation (see RFP section 2.2).
- **Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees cannot claim indirect costs more than the indirect cost rate that applies to their organization. Grantees must submit and retain on file the documentation of that indirect cost rate as outlined below:
  - Grantees with a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding that rate. Grantees must submit proof of the federally negotiated indirect cost rate as an attachment to

this application. Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.

- Grantees without a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding 10% of total direct costs.

## Section 6: Required Attachments

### **Audited Financial Statements**

Please upload a copy of the most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

### **Federally Negotiated Indirect Cost Rate**

Provide proof of current federally negotiated indirect cost rate.

### **Due Diligence**

Please complete the [Due Diligence Form](#) and attach to the online application form.

Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

If the entity is required to submit a Due Diligence form, a Section 6a or 6b will become available to allow submission of the form and any accompanying attachments such as audited financial statements.

### **Proof of Accreditation**

Provide current accreditation documentation or a credible plan as a candidate for accreditation.

### **Proof of Federal Funding Eligibility**

Please attach proof of your program's eligibility for federal planning and/or development funding and GME funding, if applicable.

### **Proof of Application for Federal Funds**

Please attach proof that your program has applied for federal planning and development funding and/or federal GME funding, if applicable.

## Section 7: Applicant Conflict of Interest Disclosure

Applicants will complete a Conflict of Interest Disclosure form in the online application. See a copy of the form on the [MDH Grant Resources webpage](#).



## **RFP Part 6: Attachments**

- Attachment A: Application Evaluation Criteria

## Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure that applications address the criteria evaluators will use to score applications.

### ORGANIZATION BACKGROUND AND CAPACITY

<b>Evaluation Criteria</b>	<b>Score</b>	<b>Reviewer Comments: Strengths/Weaknesses</b>
Organization overview provides a clear picture of the organization.	/5	
Organization has strong experience with and capacity to develop and administer a rural residency program.	/10	
Application includes strong partnerships with clearly defined roles.	/10	
<b>Total points for this section</b>	<b>/25</b>	

### PROJECT NARRATIVE AND WORK PLAN

<b>Evaluation Criteria</b>	<b>Score</b>	<b>Comments: Strengths/Weaknesses</b>
Program description provides a clear picture of the program, including key aspects of training and unique characteristics.	/5	
Program incorporates a strong model of team-based primary care.	/5	
Program provides meaningful, multifaceted training on cultural responsiveness and working with culturally and linguistically diverse patients.	/5	
Program describes effective ways of supporting residents as they are introduced to and gain skill and confidence practicing medicine in rural areas.	/10	

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Clinical training sites are clearly described, including type of setting and geographic location in rural communities.	/5	
Applicant describes a clear plan for recruiting and retaining residents, including specific strategies to recruit and retain residents from diverse backgrounds.	/5	
Applicant has clear, promising plans for engaging a range of partners from rural communities to inform program development and training of residents.	/5	
Applicant clearly describes expected outcomes and methods to track, evaluate, and report those results, including plans to collect data on program graduates' practice locations and satisfaction with the training they received.	/5	
Applicant describes a sound plan for sustaining their program beyond the grant period. Applicant includes clear information about plans to seek federal funding based on eligibility.	/10	
Work plan is clear and feasible, includes all required components, and will achieve grant program outcomes.	/10	
<b>Total points for this section</b>	<b>/65</b>	

## BUDGET NARRATIVE

<b>Evaluation Criteria</b>	<b>Score</b>	<b>Comments: Strengths/Weaknesses</b>
Proposed costs in the budget are clear, with enough detail to understand why they are included.	/5	
Proposed expenses seem reasonable and align with the goals and requirements of this program.	/5	
<b>Total points for this section</b>	<b>/10</b>	
<b>Total Score</b>	<b>/100</b>	

## Link References

- [Rural Primary Care Residency Training Program - ORHPC Grants and Funding \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html)
- [ORHPC Grants and Funding webpage \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html)
- [Minnesota Statutes Sec 144.1507 \(https://www.revisor.mn.gov/statutes/cite/144.1507\)](https://www.revisor.mn.gov/statutes/cite/144.1507)
- [Minnesota Statutes section 473.121, subdivision 2 \(https://www.revisor.mn.gov/statutes/cite/473.121#stat.473.121.2\)](https://www.revisor.mn.gov/statutes/cite/473.121#stat.473.121.2)
- [June 8, 2025 Informational Webinar on Teams \(https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MWZhMTUzMzEtMTg0Ny00NDc3LWlONjEtNDA5NWZhYjkwYTFI%40thread.v2/0?context=%7b%22id%22%3a%22eb14b046-24c4-4519-8f26-b89c2159828c%22%2c%22oid%22%3a%22be8d0f74-1bc9-4cd6-a739-44ad71731a26%22%7d\)](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MWZhMTUzMzEtMTg0Ny00NDc3LWlONjEtNDA5NWZhYjkwYTFI%40thread.v2/0?context=%7b%22id%22%3a%22eb14b046-24c4-4519-8f26-b89c2159828c%22%2c%22oid%22%3a%22be8d0f74-1bc9-4cd6-a739-44ad71731a26%22%7d)
- [MDH Grant Resources \(https://www.health.state.mn.us/about/grants/resources.html\)](https://www.health.state.mn.us/about/grants/resources.html)
- [The Policy on Rating Criteria for Competitive Grant Review \(PDF\) \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final\\_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)
- [Minnesota Statute 16B.97 \(https://www.revisor.mn.gov/statutes/cite/16B.97\)](https://www.revisor.mn.gov/statutes/cite/16B.97)
- [Policy on Grant Monitoring \(PDF\) \(https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- [Policy on Grant Payments \(PDF\) \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20\\_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf)
- [Minnesota Human Rights Act \(MHRA\) \(https://www.revisor.mn.gov/statutes/cite/363A\)](https://www.revisor.mn.gov/statutes/cite/363A)
- [Minnesota Statute 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)
- [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/)
- [Minnesota Admin Rules, pt 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)
- [Minnesota Statute 16B.98, subdiv. 8 \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98)
- [Minnesota Statute 13.37, subdiv. 1\(b\) \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37)
- [Minnesota Statute 13.599 subdiv.3a \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)
- [Minnesota Government Data Practices Act \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)
- [Policy on Pre-Award Risk Assessment for Potential Grantees \(PDF\) \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%202015%202024\\_tcm36-604382.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%202015%202024_tcm36-604382.pdf)

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- [Online Grants Portal \(https://www.grantinterface.com/Home/Logon?urlkey=mdh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- [Grantee Guide \(PDF\)  
\(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
- [Minnesota Management and Budget Commissioner's Plan  
\(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)
- [Due Diligence Form \(PDF\)  
\(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022diligence.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022diligence.pdf)